State of California CALIFORNIA COMMISSION ON TEACHER CREDENTIALING

Box 944270 (1900 Capitol Avenue) Sacramento, CA 94244-2700 (916) 445-7254 (888) 921-2682 Web Site: http://www.ctc.ca.gov

E-Mail: credentials@ctc.ca.gov

Commission Use Only	/

VARIABLE TERM WAIVER REQUEST FOR 30-DAY SUBSTITUTE CBEST WAIVER

Requests must be prepared by the employing agency, not the applicant, and must be typewritten or computer generated. This form may be used for first time 30-Day Substitute CBEST waivers only and will be accepted by the Commission for service beginning no later than June 30, 2001. Any other type of variable term waiver must be submitted on form WV1.

1.	EMPLOYING AGENCY	County/District	Contact Person		
	(include mailing address)	CDS Code	Telephone#		
			FAX#:		
			Email:		
2.	APPLICANT FOR THE WAIVER				
	Social Security Number If fingerprint clearance is not on file at CTC, include form 41-CIC, 2 fingerprint cards and \$56.00 OR a Livescan receipt. Review by the Division of Professional Practices, if needed, will be concluded before a waiver approval letter will be issued.				
	Full Legal Name				
	Former Name(s)	Birth	Date		
	Applicant's Mailing Address				
	California Credential or Permit Held (if any)				
	Assignment <u>30-DAY SUBSTITUTE TEACHE</u>	R			
3.	EDUCATION CODE OR TITLE 5 SECTION TO BE WAIVED: EC §44830(a) "A governing board of a school district shall employ for positions requiring certification qualifications, only person who possess the qualifications therefor prescribed by law"				
	Specific section(s) covering the assignment: <u>FC 44252(b)</u>				
4.	EFFECTIVE DATES	/ to			
	Waivers are dated effective the beginning date of service. This 30-Day Substitute CBEST waiver cannot exceed one year. This form may be used only for a beginning date of service no later than June 30, 2001.				
	Commission '	Use Only/Bar Coded	Label		

Form WV1SUB 5/00--Page 1 of 2

5 .	Public Notice check the box that applies				
	Public School District : Attached is a copy of the agenda item presented to the governing board of the district in a public meeting stating that the district has been unable to recruit enough substitutes who have met the CBEST requirement. With the signature of the Superintendent or his or her designee in item #7 below, the person signing verifies that the item was acted upon favorably by the board.				
	County Office of Education or State Agency: Attached is a dated copy of the notice that was posted at least 72 hours before the position was filled showing the name of the applicant, the position, and the fact that employment will be on a waiver. With the signature of the Superintendent or Administrator or his or her designee in item #7 below, the person signing verifies that there were no objections to the waiver request.				
6.	Applicant's Certification I understand that I must take and pass CBEST during the valid term of this waiver.				
	Signature of Applicant (Sign full legal name as listed in #2 above)				
7.	Employing Agency Certification I certify under penalty of perjury that the information provided in this report is accurate and complete.				
	District/County Superintendent, Personnel Administrator, or Designee:				
	Signature				
	Title				
	Date				
Atta	chments				
	True copy of transcripts verifying completion of a bachelor's degree or a copy of a diploma.				
	Copy of governing board minutes declaring a shortage of substitutes.				
	A check or money order in the amount of \$55.00.				
	Livescan receipt or two fingerprint cards (and \$56.00 fee), and form 41-CIC if fingerprint clearance is not already on file with the Commission.				

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VARIABLE TERM WAIVER REQUEST
Requests must be prepared by the employing agency, not the applicant, and must be typewritten or computer generated.

	EMPLOYING AGENCY (include mailing address)	•	County/District CDS Code	Contact Person
				Telephone #:
				FAX #:
<u></u>	NPS/NPA (list county code)			
2.	APPLICANT FOR THE WAIVER			
	Social Security Number			
	If fingerprint clearance is not on file at CT Review by the Division of Professional Practices, if needed, wi	'C, incl	ude an applicatio luded before a waiver ap	on for a Certificate of Clearance. oproval letter will be issued.
	Full Legal Name		First	Middle
	Former Name(s)		Birth	Date
	Applicant's Mailing Address			
	Assignment [Specific position and grade level (e.g. chemics) Is this a full time position? If note teaching the waiver assignment(s) For bilingual assignment, list LANGU Credential Goal (Specific title and subject area of the credentes)	not, ind) VAGE:_	licate how may p 	periods a day the individual will
	be one which is available under current regul	lations.)	at authorizes the a	ssignment. Trott that the subject must
3.	"A governing board of a school district shall emp who possess the qualifications therefor prescribed	N TO loloy for holy law	BE WAIVED: EC positions requiring ."	§44830(a) certification qualifications, only person
	Specific section(s) covering the assignment (See instructions for examples)	:		
			to	, ,
4.	Waivers are dated effective the beginning one year, provide a compelling reason wh year. If this request is submitted after the date of service, you MUST attach an expladelay.	date o ny it sh deadl anation	ould extend beyone ine for the third	waiver request is for longer than ond the end of the school term or meeting following the beginninging circumstances that caused the

5 .	IS T	HE POSITION IN A STATEWIDE SHORTAG	E ARI	EA?
		Statewide shortage area: special education teacher of LEP students, teacher of math or training, library media services and multiple	scienc	e, reading specialist, driver education and
		NOT a statewide shortage area: admin secondary teaching areascomplete number 7		2 2 2
6.	THI	AT HAVE YOU DONE THIS YEAR TO LOOS POSITION? Please attach copies of annoutage area. No copies are necessary if this is a	nceme	nts, advertisements, etc. if this is in a non-
		Distributed job announcements		Attended job fairs in California
		Contacted IHE placement centers		Attended recruitment out of state
		Advertised in local newspapers		Advertised in professional journals
		Advertised in national newspapers		Other
		What is the SPECIFIC employment criterian knowledge are needed to successfully perform in your recruitment advertisements and announ	in this	s position? These should also be described
		Provide detailed information about the result each of the following questions:	ts of y	our recruitment efforts. Be sure to answer
		How many individuals applied for the positi	on?	
		How many of those held the appropriate cree		
		•	иениа	u:
	,	How many were interviewed? What were the results of those interviews: position please explain why those individuals		

8. IF THIS IS AN INITIAL WAIVER REQUEST FOR THIS INDIVIDUAL IN THIS ASSIGNMENT, WHAT MAKES THE APPLICANT THE BEST CANDIDATE? Include detailed information about the individual's professional preparation and expertise in the subject/area requested and attach appropriate documentation including transcripts, examination score reports, and verification of experience.

List the requirements that the applicant must complete to be eligible for the document named a as the credential goal and a target date by which he or she plans to complete those requirement the applicant must complete an entire program, just name the program (e.g., Resource Speci Program); if he or she has completed some requirements for the credential, list the specific requirements that still must be completed (e.g., three years of experience for Resource Specificate).				
	I	PROGRAM, COURSE, EXAMINATION, EXPERIENCE	TARGET COMPLETION DATE	
10.	ASSI indiv	THE NAME AND POSITION OF THE PERSON ASSIGN STANCE TO THE APPLICANT DURING THE TERM OF idual, the employing agency makes a commitment to supple, in completing the requirement(s) listed above.	THIS WAIVER. By assigning this	
	Name	e l	Position	
11.	1. IS THIS EMPLOYING AGENCY GEOGRAPHICALLY ISOLATED? Would the applicant have to travel more than 1-1/2 hours one way to attend an institution with an approved program for the credential identified as the credential goal? Yes No Not applicable (program completion is not a requirement)			
	If yes	s, what have you considered to assist the applicant to attain	n his or her credential goal?	
		District internship	ion classes	
		Correspondence or distance learning programs		
		Commission approved Plan to Develop Fully Qualified Ed	ucators	
		Other		
12. SUBSEQUENT WAIVERS If this applicant has previously been issued a waiver for this assignment, he commitment to make progress toward the credential goal. What has the applicant				
		Performed satisfactorily in the positionenclosed is written confirmation from his or her supervisor (THIS IS REQUIRED FOR ALL SUBSEQUENT WAIVER REQUESTS).		
		Enrolled in an appropriate professional preparation progrethe college or university (for example: form CL469).	amenclosed is verification from	
		Completed appropriate course workenclosed are transcrifrom the college or university (for example: form CL469).	pts or grade cards and verification	
		Took CBEST and made progress toward passing itenclose showing all sections taken . <u>If CBEST was not passed, desctoward remediation, including classes taken or in-service to</u>	ribe the efforts the applicant made	
		Completed training under the employing agency's Comr Fully Qualified Educatorsenclosed is verification of the attended.		
		Received support and assistance from the employing ager staff development or in-service training the applicant atte	· ·	
		Other (describe)		

13.	PUB	LIC NOTICE CHECK THE BOX THAT APPLIES
		Public School District: Attached is a copy of the agenda item presented to the governing board of the school district in a public meeting showing the name of the applicant, the specific assignment including subject and grade level, and the fact that employment will be on the basis of a credential waiver. With the signature of the Superintendent or his or her designee in item #15 below, the person signing verifies that the item was acted upon favorably by the board.
		By submitting this waiver request the district is certifying that reasonable efforts to recruit a fully prepared teacher for the assignment(s) were made. If a suitable fully prepared teacher is not available to the school district, the district made reasonable efforts to recruit an individual for the assignment, in the following order: 1. an individual who is scheduled to complete initial preparation requirements within six months 2. a candidate who is qualified to participate in an approved internship program in the region of the school district
		County Office of Education, State Agency, Charter Schools or Nonpublic, Nonsectarian School or Agency: Attached is a dated copy of the notice that was posted at least 72 hours before the position was filled showing the name of the applicant, the specific assignment including subject and grade level, and the fact that employment will be on the basis of a credential waiver. With the signature of the Superintendent or Administrator or his or her designee in item #15 below, the person signing verifies that there were no objections to this waiver request.
14.	I un	LICANT'S CERTIFICATION derstand that in order to receive a subsequent waiver for this assignment I must pursue the pletion of requirements to obtain full certification in the subject or area covered by this waiver est as specified in #9 above.
		Signature of Applicant (Sign full legal name as listed in #2 above)
15.	The by th 4483 indi	PLOYING AGENCY CERTIFICATION person for whom this waiver is requested will not be employed until he or she has been cleared the Department of Justice under the provisions of Education Code Section 44332.6 and Section 0.1 (AB1612). The employer acknowledges that the Commission's final approval of this vidual's waiver will be determined by a fitness review covering, in part, criminal activity, adding certain in-state and/or out-of-state convictions.
		is waiver request is for service to special education children, the Special Education Local ning Area (SELPA) has been notified of our intent to request this waiver.
		tify under penalty of perjury that the information provided in this report is accurate and plete.
	Dist	rict/County Superintendent, Personnel Administrator, NPS/NPA Administrator, or Designee:
		Signature
		Title

Use additional sheets as necessary to provide complete information about any section of this waiver request. This form may be duplicated or may be reproduced on computer as long as the order of the information remains the same and page 1 information remains on page 1.

Date